

### STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE GOVERNOR

ANDY WILLIS
STATE BUDGET DIRECTOR

September 9, 2011

### **MEMORANDUM**

TO:

Senator Phil Berger, President Pro-Tempore of the Senate

Representative Thom Tillis, Speaker of the House of Representatives

FROM:

Andy Willis

State Budget Director

SUBJECT:

Consultation on Expenditure of Grant Awards

Pursuant to Section 5.4 of Session Law 2010-31 (Senate Bill 897), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to andy.willis@osbm.nc.gov.

Thank you.

AW\kl

## Notification of Application for Grant Funds/Awards, 2011-12

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Transmitten and indicate it triessage that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.	The local matching requirement for the 1st year will be \$52,632. The matching requirement for the full term of the	The Division of Aging and Adult Services is applying for \$3,000,000 in fordered to adult to	The proposed grant will develop and operate a sustainable, intergrated system that offers a comprehensive set of high quality, evidence-based services that help people femain independent and living in the community. This grant is designed to function in tandem with Creating Dementia Capable, sustainable Service Systems for Persons with Dementia and Their Family Caregivers (Part B).	\$750,000,00		Authorized Proposed	-11	<b>←</b>	Yes		No	private non-profit	70	Voc	No		NO			No	1452	14411	N <sub>O</sub>	New	09/30/11	07/27/11	Older Adults, Individuals with Disabilities and Family Caregivers (Part A)	Accelerating Integrated, Evidence-Based, and Sustainable Service Systems for	93.048	USDHHS, Administration on Aging	Sabrena Lea	855-4428	Sabrena   ea	Division of Apins and Addition	Department of Health and Human Services	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf
questions.	The 3 year grant period. The matching requirement for the term of the grant is 5% ent for the full term of the grant will be \$157,896.		s a comprehensive set of high quality, evidence-based services odem with Creating Dementia Capable, sustainable Service Sys	\$250,000.00		Proposed Proposed	SFY 2012-13 SFY 2013-14																													
	n of the grant is 5%.		that help people items for Persons			Proposed	SEV 2014-15																													

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 28 Amount of grants funds <u>applied for</u> in each year. 29 Amount of grants funds <u>awarded</u> in each year ..... 30 Purpose of grant or amendment ...... 25 If yes, is this a requirement of the grant? 26 Are new FTEs funded through the grant?..... 31 Comments 24 Will additional state monies be required to continue the 23 27 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 20 ∞ 15 16 14 Budget code the grant will be expended in (XXXXX)..... 13 Is this grant already in agency's continuation budget? 12 Application type . 10 Start date of grant (MM/DD/YY) 9 Grant application deadline (MM/DD/YY) ..... 8 Grant title .... 6 Funding Entity (grantor) 3 Contact person (name) .... 2 Division (except in DHHS) 7 CFDA number... program if grant expires or is reduced? is there a maintenance of effort (MOE) requirement? the state match requirement? Is there a state matching requirement? ... ments or non-state entities? Department. If yes, is this a requirement of the grant? If yes, identify affected entities by type If yes, give the number by type for each year: Permanent If yes, what is the MOE? Fund code (XXXX or NA) .... If yes, what is the source of state funds being used If yes, what is the matching requirement? ..... End date of grant (MM/DD/YY) ..... E-mail ... Phone number ... DHHS only, choose division from drop down list..... to match grant funds. Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf Time-Limited The Division of Aging and Adult Services is applying for \$1,000,000 in federal funding for the 3 year grant period. The matching requirements are 25% (\$111,111) for the first year, 35% (\$179,487) for the second year and 45% (\$272,727) for the third year. The proposed grant will assure that the integrated system developed in Part A is dementia capable and offering evidenced-based dementia services and caregiver support programs. This grant is designed to function in tandem with Accelerating Integrated, Evidence-Based, and Sustainable Systems for Older Adults, Individuals with Disabilities and Family Caregivers (Part A). 8 local govt Yes 14411 Dementia and Their Family Caregivers (Part B) Creating Dementia Capable, Sustainable Service Systems for Persons with 1452 93,048 USDHHS, Administration on Aging 09/29/14 39/30/11 855-4428 Department of Health and Human Services Sabrena Lea Division of Aging and Adult Services Sabrena Lea SFY 2010-11 Actual SFY 2011-12 Complete either Authorized or Proposed Authorized For 2011-12 SFY 2011-12 Proposed \$250,000.00 1.000 SFY 2012-13 Proposed \$83,333,00 SFY 2013-14 Proposed SFY 2014-15 Proposed

Notification of Application for Grant Funds/Awards, 2011-12

### Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street Raleigh NC 27803-4805 919-907-4700

participate in a		29 Amount of grants funds <u>awarded</u> in each year	28 Amount of crants funds applied to :	27 If yes, give the number by type for each year. Permanent	SFY 2	Yes	,	P :	23 If yes, identify affected entities by type private non-profit	3	21 is an additional General Fund appropriation required to meet No	me	18 If yes, what is the source of state funds being used to match grant funds.	17 If yes, what is the matching requirement?	15 Fund code (XXXX or NA)	<u>p</u>	***	End date of grant (MM/DD/YY)	10 Start date of grant (MM/DD/YY)	Grant application deputies (MACO)	Grant title		6 Funding Entity (grantor) melane by	r-mai	DHHS only, choose division from drop down list	Division (except in DHHS)	1 Department Department Department	
	NC will implement a patient incentive program to promote healther behavior and self-management of chronic illnesses in the aged, blind, and disabled popoulation the dually-eligible) with diabetes and hypertension. NC will incentivize high risk patients to self-manage their chronic conditions and to participate in chronic care management and support programs statewide. In addition, NC will identify those recipients with diabetes and hypertension who are smokers and incentivize them to			-	SFY 2009-10 SFY 2010-11 SFY 2010-11	Ec. 2045.44			rofit									7/31/2012		OF CHARACTER CONTROLLED ISSUES (MIPCD)	raphives for the Decounts of the Land	AS)	Melanie.bush@dhhs.nc.gov US Department of Health and Human Services Centers for Modern and Multiple Control of Health and Human Services Centers for Modern and Multiple Centers for Modern and Multiple Centers for Modern	99	Division of Medical Assistance	TO THE OWN THE CONTROL OF THE OWN THE	Department of Health and Nurses Concession Raileigh, NC 27603-8005, 919-807-4700  Department of Health and Human Services	
	inagement of chronic illnesser to self-manage their chronic is with diabetes and hyperten	\$ 19800000,046,666		Proposed	2004 2004																						χ).	
ней манализмин выполнятий при его не того без полнализму потовного убластичного без	of chronic illnesses in the aged, blind, and disabled popoulation (including nage their chronic conditions and to participate in chronic care seles and hypertension who are smokers and incentivize them to			Proposed																								
han e soonalussooyalusak iiiin kanna merjessanamasukiya amaquqossakki iqeyika	bled population (including in chronic care centivize them to			SFY 2013-14 Proposed																						Warmidoodin Sammeri 9 maalaysi oo		

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 28 Amount of grants funds <u>applied for</u> in each year. 29 Amount of grants funds <u>awarded</u> in each year.... 30 Purpose of grant or amendment..... 31 Comments 25 If yes, is this a requirement of the grant26 Are new FTEs funded through the grant?. 27 24 Will additional state monies be required to continue the program if grant expires or is reduced? 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet <u>...</u> 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MM/DD/YY) 11 End date of grant (MM/DD/YY) 19 20 3 Contact person (name) ... 8 Grant title ..... 6 Funding Entity (grantor) 7 CFDA number.... Is there a maintenance of effort (MOE) requirement? the state match requirement? ments or non-state entities? If yes, is this a requirement of the grant? .... If yes, identify affected entities by type .... If yes, give the number by type for each year: Permanent If yes, what is the source of state funds being used If yes, what is the MOE? If yes, what is the matching requirement? ..... End date of grant (MM/DD/YY) ..... E-mail .. Phone number .... DHHS only, choose division from drop down list..... to match grant funds. Notification of Application for Grant Funds/Awards, 2011-12 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700, Instructions at http://www.osbm.state.nc.us/files/pdf\_files/pdrants\_instr.pdf Time-Limited Z O Yes 5% in-kind private non-profit General Fund Real Choice Systems Change Grant: Building Sustainable Partnerships for 08/15/11 Housing 09/30/12 10/01/11 Services 919-855-4274 Patricia Farnham Division of Medical Assistance Department of Health and Human Services Centers for Medicare and Medicaid Services, U.S. Department of Health and Human rish.farnham@DHHS.NC.GOV SFY 2010-11 \$0.00 \$0.00 SFY 2011-12 Complete either Authorized or Proposed Authorized For 2011-12 SFY 2011-12 Proposed \$125,891.00 SFY 2012-13 Proposed \$41,964.00 SFY 2013-14 Proposed \$0.00 SFY 2014-15 Proposed

# Notification of Application for Grant Funds/Awards

31 Comments	29 Amount of grants funds <u>awarded</u> in each year	27 If yes, give the number by type for each year. Permanent	25 If yes, is this a requirement of the grant? 26 Are new FTEs funded through the grant?	24 Will additional state monies be required to continue the program if grant expires or is reduced?	22 will arry of these funds be passed through to local govern- ments or non-state entities?  23 If yes, identify affected entities by these	the state match requirement?	21 is an additional Oceanics.	19 Is there a maintenance of effort (MOE) requirement?	18 If yes, what is the source of state funds being used	16 is there a state matching requirement?	15 Fund code (XXXXX or NA)	œ :	12 Application type	11 End date of grant (MM/DD/YY)	Grant application deadline (MM/DD/YY)     To Start date of grant (MM/DD/YY)	o statit title	7 CFDA number	6 Funding Entity (grantor)		ဂ္ဂ		1 Department 2 Division (except in DHHS)
This FOA combines two existing HIV prevention-oriented grants into one. The two grants are the HIV Prevention Projects grant and the Expanded HIV Testing grant. CDC's HIV Prevention Projects grant and the Expanded HIV Testing grant. CDC's HIV Prevention Projects grant and the new grant will begin on 01/01/12.  Per agency stort-offs have been optioned. Control on 2004 April 2004.	The purpose of this FOA is to support implementation of high impact, comprehensive HIV prevention programs to achieve maximum impact on reducing new HIV infections, increasing access to care, improving health outcomes for people living with HIV, and promoting health equily. The afforementioned will be achieved by enhancing public health departments' capacities to increase HIV testing, refer and link HIV positive persons to medical care and other essential services and increase program proclusing.	SFY 2010-11 SFY 2011-12 Complete girler Authorized or Proposed Actual Authorized Proposed Proposed	No.	iocai govt AND private non-profit AND other state agency Yes	Yes	No		No		No	1311	Yes 14430	New	12/31/12	08/30/11	Comprehensive HIV Prevention Programs for Health Departments	93.94	Ionn peebles@dhhs.nc.gov	919.715.6737	John Peebles	Division of Public Health	Department of Health and Human Services  Department of Health and Human Services
rants are the HIV Prevention Projects grant and the Expanded HIV Teachts with additional funding so that it will end on 12/31/11, in concert	HIV prevention programs to achieve maximum impact on reducing ne emic, reducing new infections, increasing access to care, improving heaved by enhancing public health departments' capacities to increase assenting and access to care.	SFY 2012-13 SFY 2013-14 SFY 2014-15 Proposed Proposed Proposed					Me Millow	DCD (1/4) (1	w //a///		NT 7/12/11								Transaction of the Control of the Co			1700. revised

### Notification of Application for Grant Funds/Awards, 2010-11

Office of State Buo	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-867-4700	Jones Street, Raleigh, NC 2	27603-8005, 919-807-4700.	,		خسمسن
	Instructions at http://www.osbm.state.nc.us/ Department of Health and Human Services	tate.nc.us/files/pdf_files/grant	ts_instr.pdf			
Division (except in DHHS).	Division of Central Management and Support	and Sunnout				
3 Contact person (name)	John Price					
1721	919-733-2040					
	john.price@dhhs.nc.gov Blue Cross and Blue Shield of NC Foundation	C Foundation				
7 CFDA number.						
Grant title	Dental Technical Assistance for Safety Net Providers	or Safety Net Providers				
	03/15/11					nyginda da German
Start date of grant (MM/DD/YY)	07/01/11		NAMES OF THE PROPERTY OF THE P			
it (MM/DD/YY)	06/30/14					
-	New					Makerande
13 is this graint wheeled in agency's continuation budget:	14410					·
	1510					anto, a latin
is there a state matching requirement?	No					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds.						
19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE?	No					
21 is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local governments or non-state entities?	N <sub>O</sub>					
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?	V					
26 Are new FTEs funded through the grant?	Yes	, , , , , , , , , , , , , , , , , , ,	*			
		Complete either Authorized or Proposed	rized or Proposed			
	SFY 2009-10	SFY 2010-11	SFY 2010-11	SFY 2011-12	SFY 2012-13	SFY 2013-14
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year. Permanent				1 000	1 030	CAU t
lime-Limited	90			000000000000000000000000000000000000000	W 625 369	O. C.
28 Amount of grants funds applied for in each year				\$85,139.00 \$85,140.00	\$85,138.00 \$85,140.00	\$86,667.00 \$86,720.00
29 Amount of grants funds awaited in each year	OBLIGO CARROLL BURGOS DE LA CONTRACTOR D			bashal makely most accordance to	ated access the state. Then	or to the Annalisma Disconnects
30 Purpose of grant or amendment	ORHCC proposes hiring an individual to provide technical and recruiting assistance to dental safety-net providers located across the state. Through its Medical Placement (Services (MPS) program, ORHCC currently has recruitment opportunities at 20 dental safety-net sites. The individual would contact each of these sites within the first year and conduct practice assessments for those interested dental clinics. After determining the needs of the dental facility through the practice assessment, the individual would work with the clinic's board of directors and staff to implement changes so that the clinic is in a better financial position to recruit and retain qualified dental professionals.	dividual to provide technical a ICC currently has recruitment ents for those interested dent directors and staff to impleme	and recruiting assistance to comportunities at 20 dental stat clinics. After determining and changes so that the clinic	lental safety-net providers too afety-net sites. The individual the needs of the dental facilities in a better financial position.	he providers located across the state. Through its Medical Placement • The individual would contact each of these sites within the first year the dental facility through the practice assessment, the individual would financial position to recruit and retain qualified dental professionals.	igh its Medical Placement sites within the first year sment, the individual would ad dental professionals.
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31 Comments						
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THE METER THE BEST OF THE BOTTOM THE STATE OF THE PROPERTY OF	ber againly aight one made bear	Octobrical Contract John Con	in cardo minimum in longitude	o descriptions.		

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 31 Comments 24 Will additional state monies be required to continue the 23 27 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet ₹ 13 Is this grant already in agency's continuation budget?14 Budget code the grant will be expended in (XXXXX)..... 19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE? 12 Application type 8 Grant title ... 6 Funding Entity (grantor) 3 Contact person (name) ..... 2 Division (except in DHHS) program if grant expires or is reduced? ... ments or non-state entities? the state match requirement? CFDA number.... Department. If yes, give the number by type for each year: Permanent If yes, is this a requirement of the grant? ..... If yes, identify affected entities by type ... If yes, what is the matching requirement? ..... If yes, what is the MOE? If yes, what is the source of state funds being used End date of grant (MM/DD/YY) Phone number ... DHHS only, choose division from drop down list..... to match grant funds. Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf Time-Limited Grant funds will be used to support medication assistance programs in local communities. Current NC Health and Wellness Trust Fund funds to operate this program will terminate on June 30, 2011. The Medication Assistance Program provides free and low-cost drugs to low-income and uninsured patients through pharmaceutical No. 14410 1510 06/30/12 Carolina Medication assistance for low-income and uninsured individuals in North 07/01/11 The Duke Endowment Division of Central Management and Support Department of Health and Human Services ohn.price@dhhs.nc.gov 919-733-2040 John Price 3/31/11 SFY 2009-10 Actual SFY 2010-11 Complete either Authorized or Proposed Authorized For 2010-11 SFY 2010-11 Proposed SFY 2011-12 Proposed \$300,000.00 \$300,000.00 SFY 2012-13 Proposed SFY 2013-14 Proposed

## Notification of Application for Grant Funds/Awards, 2011-12

Office of State B	udget and Management, 116	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 010-807 ATON	NIC 37602 BODE 040 BOZ 47	} (		
1 Department	Instructions at http://www.osbm.state.nc.us/f	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	grants_instr.pdf			
2 Division (except in DHHS)						en de de la compressa de la co
3 Contact person (name)	Division of Central Management and Support	nent and Support				
	919-733-2040			**************************************		
5 E-mail	John.price@dhhs.nc.gov	J.Y.				
Funding En	Kate B. Reynolds Charitable Trust	Trust				
7 CFDA number.						
	Medication Assistance Program	ogram				
9 Grant application deadline (MM/DD/YY)						
U	06/30/11					
11 End date of grant (MM/DD/YY)	12/31/12					
>	New					
13 is this grant aiready in agency's continuation budget?	No					
α	14410					
15 Fund code (XXXX or NA)	1510					
16 Is there a state matching requirement?	No					
i yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds						
19 Is there a maintenance of effort (MOE) requirement?  20 If yes, what is the MOE?	No					
21 is an additional General Fund appropriation required to meet the state match requirement?	No.					
22 Will any of these funds be passed through to local govern-	Yes					
ments or non-state entities?						
23 Will additional total making by type	local govt AND private non-profit	rofit				
program if grant expires or is reduced?	No.					
25 If yes, is this a requirement of the grant?						
26 Are new Files funded through the grant?	No					
		For 2011-12  Complete either Authorized or Proposed	11-12 orized or Proposed			
	SFY 2010-11	SFY 2011-12	SFY 2011-12	SEC 2012 42		
	Actual	Authorized	Proposed	Proposed	SFY 2013-14	SFY 2014-15
il yes, give me number by type for each year: Per	2.				Fioposed	Proposed
28 Amount of grants funds applied for in each year						Andread Community (characteristic and characteristic (characteristic and characteristic a
29 Amount of grants funds awarded in each year			\$333,333.33	\$166,666.67		
	Grant is to provide bridge fun	tion for Madination Assistan	\$366,666.67	\$183,333.33		
	have prescription assistance	have prescription assistance paid through state appropriations. Funding is for an 18 month period beginning June 30, 2011.	e sites formerly funded by the ons. Funding is for an 18 ma	Health and Welless Trust For nth period beginning June 30	and Commission or for Health, 2011.	Net sites who currently
31 Comments					THE REAL PROPERTY OF THE PROPE	datamately transmission (1994) datamately of damately of the separately (1,000,000,000,000,000,000,000,000,000
Return completed form as email attachment and indicate						
Contact your OSBM budget analyst if you have questions.	r agency sign-offs have beer	obtained. Contact your OSB	M budget analyst if you have	questions,		те не большай де форму от применя применя применя применя процента по применя применя применя применя применя

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### 1 Department .... Notification of Application for Grant Funds/Awards, 2011-12 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700, Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf | Department of Health and Human Services

3 Division Council in Oct. 10	Coparation Leave and number Services	Services				
DHUS ork choose district						
	Division of Social Services					
4 Phone number	Dean Simpson					
5 E-mail	dean simpson with the second					
Ē	U.S. Department of Agriculture Food & Nutrition Services	OV				
	C.C. Coparations of Agriculture, n	odd & Nutrition Services				
	10.588					
& Grant title	Assessment of Alternatives to Face-to-Face Interviews in SNAP	Face-to-Face Interviews in	SNAP			
9 Grant application deadline (MM/DD/YY)	08/05/11					
	09/01/11					
11 End date of grant (MM/DD/YY)	12/01/12					
≥	12/01/13					
13 is this grant already in approve continuation building	New					
A Bridget code the const will be according to a constitution budget?	No					
Q	14440					
15 Fund code (XXXXX or NA)	1372					
16 Is there a state matching requirement?	NO I					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds						
19 is there a maintenance of effort (MOT)						
20 If yes, what is the MOE?	No			4		
21 Is an additional General Fund appropriation required to meet	No					
the state match requirement?						
ments or non-state entities?	No					
23 If yes, identify affected entities by type						
5						
program if grant expires or is reduced?	Z					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No					
		For 2011-12	-			
	•	Complete either Authorized or Proposed	ed or Proposed			
	SFY 2010-11	SFY 2011-12	SFY 2011-12	SFY 2012-13	SFY 2013-14	200 2014 45
	Actual	Authorized	Proposed	Proposed	Proposed	Dronosed
" Jos, give the number by type for each year. Pen				,		rioposed
28 Amount of grants funds applied for in-	d					entental del prima del constructor del constru
29 Amount of grants funds awarded in pack			\$62,963,00	\$75,556.00	\$31,481,00	**************************************
30 Purpose of grant or amendment						
	USDA is selecting three (3) states to participate in a study of alternatives to face-to-face	to participate in a study of all	ernatives to face-to-face i	nterviews in SNAP, FNS will	provide grant funding of an	9470 000
	implement pilots, which will determine the effects of eliminating the face-to-face interview requirement on program operations and client outcomes. At the pool of the pool of the program affects year, the evaluators will pay specific attention to how the pilot program affects participation rates, efficiency, payment accuracy administrative pool.	ine the effects of eliminating swill pay specific attention to	the face-to-face interview how the pilot program aff	requirement on program operects participation rates, efficients	Trequirement on program operations and client outcomes. At the end of the feets participation rates, efficiency, payment accuracy administrative operations.	o \$170,000 to develop and At the end of the
	states at the end of the grant period.	d.	l also provide grantees wi	th the opportunity to draw fro	m the most effective models	in other participating
of connents.	The grant term is 28 months, from September 2011 – December 2013. There will be a one year planning period in which states develop the installation of the control of the c	September 2011 - Decembe	r 2013. There will be a on	e year planning period in wh	ch states develop their state	
	invitri implementation period (September 2012 – December 2013).	ember 2012 – December 20	13).	6	Mid Jen dolakan caraca	program, tollowed by a 15
Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM hydror protect is	er agency sign-offs have been obta	ined Contact your OSBM 5.	doct on the state of			The state of the s
	0 2 0 0000	med contact your Osbin bu	laget analyst it you have o	uestions.		

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 31 Comments 27 25 If yes, is this a requirement of the grant26 Are new FTEs funded through the grant?... 24 Will additional state monies be required to continue the 23 21 Is an additional General Fund appropriation required to meet 22 Will any of these funds be passed through to local govern-19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE? <del>2</del> 16 Is there a state matching requirement?17 If yes, what is the matching requirement 13 Is this grant already in agency's continuation budget?14 Budget code the grant will be expended in (XXXXX)..... 5 12 Application type 8 Grant title ... 6 Funding Entity (grantor) 3 Contact person (name) ...... 2 Division (except in DHHS) program if grant expires or is reduced? ments or non-state entities? the state match requirement? CFDA number... Department If yes, is this a requirement of the grant? ..... If yes, identify affected entities by type ... If yes, give the number by type for each year: Permanent If yes, what is the matching requirement? ..... If yes, what is the source of state funds being used Fund code (XXXX or NA) .... End date of grant (MM/DD/YY) ..... E-mail Phone number ... DHHS only, choose division from drop down list..... OSBN to match grant funds. Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf Time-Limited The purpose of the TAG-D grant is to provide additional employment services to help refugees achieve self-sufficiency. Funds will include a FT Program Consultant to oversee the project and provide direct services via contract with local Triangle providers covering Wake, Durham and Orange counties. An estimated 350 refugees will be served. Proposed direct services include: Job Development, placement follow-up, skills recertification, vocational and ESL training, case mangement transportation, Ö Yes Mariene Myers 919-334-1256 private non-profit 14440 Discretionary Targeted Assistance Grant 1170 09/29/12 09/30/11 marlene.myers@dhhs.nc.gov US DHHS, ACF, Office of Refugee Resettlement Social Services Department of Health and Human Services 7/06/11 SFY 2009-10 Actual SFY 2010-11 Complete either Authorized or Proposed Authorized For 2010-11 SFY 2010-11 Proposed 1.000 SFY 2011-12 Proposed \$259,053.00 SFY 2012-13 Proposed \$86,351.00 SFY 2013-14 Proposed

## Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSRM hydrot analyst if you have		30 Purpose of grant or amendment	28 Amount of grants funds applied for in each year	Time-Limited	27 If yes, give the number by type for each year. Permanent			a di salah	26 Are new FTEs funded through the grant?	program if grant expires or is reduced?	5	23 If yes, identify affected entities by type	22 vviii any of these funds be passed through to local govern- ments or non-state entities?	the state match requirement?	21 Is an additional General Fund appropriation required to meet	20 If yes, what is the MOE?	is the	If yes, what is the source of state funds being used     to match grant funds	17 If yes, what is the matching requirement?	16 Is there a state matching requirement?	g	13 Is this grant already in agency's continuation budget?	` ≥	11 End date of grant (MM/DD/YY)	10 Start date of grant (MM/DD/YY)			7 CFDA number.	(	A Funding Entity (granter)		ဂ္ဂ		ot in DHHS)	Department
er agency sign-offs have been ob	The purpose of this grant is to monitor and describe unregulated drinking water sources characteristics and using these datasets to provide information in support of actions that			ă l	Actual	SFY 2009-10		INO	No No		Yes		No	W	No.		No			No		No	New	09/11/13	07/21/11	9	Enhancing Capacity for Environmenal and Public Health Surveillance of Unregulated Drinking Water	93.07	Center for Disease Control	mina.shehee@dhhs.nc.gov	707-5920	Mina Shehee, PhD	Division of Public Health	peparment of Health and Human Services	Office of state budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700  Instructions at http://www.osbm.state.nc.us/files/grants_instr.pdf  Deportment of Units.
tained. Contact your OSBM	nitor and describe unregulat Itasets to provide information				Authorized	SFY 2010-11	Complete either Authorized or Proposed	E01 2040																			nmenal and Public Health			V				Services	t Jones Street, Raleigh, NC ate.nc.us/files/pdf_files/gran
budget analyst if you have o	ed drinking water sources (L				Proposed	SFY 2010-11	zed or Proposed							MANUFACTURE AND ADDRESS OF THE PARTY OF THE													Surveillance of								27603-8005, 919-807-4700 tts_instr.pdf
Betions	(UDWS) by identifying and devioping access to datas improve the health of communities served by UDWS		\$70,000.00		Proposed	SFY 2011-12																													
	(UDWS) by identifying and devioping access to datasets that describe UDWS improve the health of communities served by UDWS		\$70,000.00		Proposed	SFY 2012-13																													
All all marris production may remain the latest and property of the latest	that describe UDWS			Charles and the state of the st	Proposed	SFY 2013-14																												дергозун волист воеринення манальноре́ство планеджиную претодать по претодать по претодать по претодать по пре	

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 28 Amount of grants funds <u>applied for</u> in each year 29 Amount of grants funds <u>awarded</u> in each year ... 30 Purpose of grant or amendment ..... 24 Will additional state monies be required to continue the 31 Comments 27 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant? 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 20 13 Is this grant already in agency's continuation budget?14 Budget code the grant will be expended in (XXXXX)... 12 Application type. 3 7 CFDA num 8 Grant title . W 2 Division (except in DHHS). Is there a maintenance of effort (MOE) réquirement? ..... program if grant expires or is reduced? . CFDA number... Contact person (name) ... Department ments or non-state entities? the state match requirement? If yes, give the number by type for each year. Permanent If yes, is this a requirement of the grant? If yes, identify affected entities by type ... If yes, what is the MOE? .... If yes, what is the matching requirement? ..... If yes, what is the source of state funds being used Phone number ..... DHHS only, choose division from drop down list... OSBM to match grant funds. Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700, Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf Time-Limited To prevent heart attack, strokes, cancer, and other leading causes of death or disability through evidence and practice-based policy, environmental, programmatic, and infrastructure changes in states, large counties, tribes, and territories. Ö Yes 93.531 ruth.petersen@dhhs.nc.gov ocal govt 14430 Public Prevention Health Fund: Community Transformation Grants Dr. Ruth Petersen 09/14/12 09/15/11 919-707-5203 Division of Public Health Department of Health and Human Services 7/15/11 SFY 2009-10 Actual SFY 2010-11 Authorized Complete either Authorized or Proposed For 2010-11 SFY 2010-11 Proposed SFY 2011-12 Proposed \$7,500,000.00 17,000 SFY 2012-13 Proposed \$2,500,000.00 SFY 2013-14 Proposed

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 28 Amount of grants funds <u>applied for</u> in each year.... 29 Amount of grants funds <u>awarded</u> in each year.... 30 Purpose of grant or amendment...... 24 Will additional state monies be required to continue the 31 Comments 27 25 If yes, is this a requirement of the gran 26 Are new FTEs funded through the grant? 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 20 <del>2</del> 16 Is there a state matching requirement? ....17 If yes, what is the matching requirement 14 Budget code the grant will be expended in (XXXXX)..... 13 Is this grant already in agency's continuation budget? 12 끍 \_\_<u>`</u> 70 9 တ 6 Funding Entity (grantor) ... 7 CFDA number.... 2 Division (except in DHHS) Department is there a maintenance of effort (MOE) requirement? Grant application deadline (MM/DD/YY) ..... program if grant expires or is reduced? Application type Start date of grant (MM/DD/YY) ..... Grant title Contact person (name) ments or non-state entities? the state match requirement? If yes, give the number by type for each year: Permanent If yes, is this a requirement of the grant? If yes, identify affected entities by type End date of grant (MM/DD/YY) ... If yes, what is the MOE? If yes, what is the source of state funds being used If yes, what is the matching requirement? ..... Phone number Fund code (XXXX or NA) DHHS only, choose division from drop down list. NOWO to match grant funds. Notification of Application for Grant Funds/Awards, 2011-12 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 instructions at http://www.osbm.state.nc.us/files/pdr\_files/grants\_instr.pdf Time-Limited Funds are allocated similar to Title V in that they are available for 24 months. N<sub>O</sub> services to these children and families through home visiting programs The funds are intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support Yes Yes Yes \$400,561.00 local govt AND private non-profit Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting laura.louison@dhhs.nc.gov Yes 14430 Yes New 09/29/12 Formula Grant Program Health Resources and Services Administration 919-707-5601 09/30/11 Department of Health and Human Services \_aura Louison /21/11 .505 SFY 2010-11 One additional FTE is proposed in this grant application - Data Manager (Social/Clinical Research Specialist) SFY 2011-12 Complete either Authorized or Proposed Authorized For 2011-12 SFY 2011-12 Proposed \$1,656,843.00 1.000 SFY 2012-13 Proposed \$552,280.00 SFY 2013-14 Proposed SFY 2014-15 Proposed

Notificati	Notification of Application for Grant Funds/Awards, 201	10-11
Office of	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700, Instructions at http://www.osbm.state.nc.us/files/north.instructions.at http://wwww.osbm.state.nc.us/files/north.instructions.at http://www.osbm.state.nc.	
1 Department		
2 Division (except in DHHS)		
DHHS only, choose division from drop down list	Division of Public Health	
3 Contact person (name)	Marcia Fort	
4 Phone number	919-707-5635	
D Finding Country (No. 1)	Marcia.Fort@dhhs.nc.gov	
Committee (Granicol)	Centers for Disease Control and Prevention	
7 CFDA number		

states due to the prop	s that shall be provided by s	on 2011-Q-13572 for services	This is a Centers for Disease Control and Prevention (CDC) combined synopsis/solicitation 2011-Q-13572 for services that shall be provided by states due to the proprietary nature of the services. The data and records needed for this project are State owned, governed by State laws and regulations, and produced through State negative.	This is a Centers for Disease Control and Prever	This is a Cente	31 Comments
Mermine ways to implessing progress toword security numbers of the security nu	This data will be used to de ess questions related to ass identifiers, such as names o	n a minimum of three states. This data will be used to determine ways to improve the national level and help address questions related to assessing progress towards ntifiable and excludes direct identifiers, such as names or social security numbers, of	The purpose of this contract is to obtain a limited set of existing, individual level data from a minimum of three states. This data will be used to determine ways to improve the quality and completeness of Early Hearing Detection and Intervention (EHDI) data at the national level and help address questions related to assessing progress towards national EHDI benchmarks. The information in a limited data set (LDS) is not directly identifiable and excludes direct identifiers, such as names or social security numbers, of the individual or of relatives, employers, or household members of the individual.	The purpose of this contract is to obtain a limited set of existing, individual level (quality and completeness of Early Hearing Detection and Intervention (EHDI) da national EHDI benchmarks. The information in a limited data set (LDS) is not directly individual or of relatives, employers, or household members of the individual.	The purpose of quality and connational EHDI the individual of	oo napose oi giani oi amendment
		\$77,766.70				29 Amount of grants funds <u>awarded</u> in each year
The state of the s	Temmoprosityi sesialaharassa ayinmakida kesa yeyinminin jariya asa mada da ka				imited	Time-Limited 28 Amount of grants funds applied for in sock
Proposed	Proposed	Proposed		Actual Authorized		27 If yes, give the number by type for each year. Permanent
SEV 2013-14	SFY 2012-13	SFY 2011-12	1	(0	SFY 2009-10	
			For 2010-11			,
					No No	26 Are new FTEs funded through the grant?
					Yes	0
						23 If yes, identify affected entities by type
					No	7 5
					N O	the state match requirement?
						21 Is an additional General Fund appropriation required to accept
					N <sub>o</sub>	19 Is there a maintenance of effort (MOE) requirement?
						18 If yes, what is the source of state funds being used to match grant funds
						17 If yes, what is the matching requirement?
					No	õ
					14430	g
					New New	12 Application type
						11 End date of grant (ΜΜ/DD/ΥΥ)
					09/12/11	9 Grant application deadline (MM/DD/YY)
			Intervention (iEHDI) Database	Pilot Individual Early Hearing Detection and Intervention (iEHDI) Database	Pilot Individu	7 CFDA number.
				Centers for Disease Control and Prevention	C g	
				Marcia.Fort@dhhs.nc.gov	Marcia.For	5 E-mail 6 Funding Entity (grantor)
				)	919-707-5635	
				blic Health	Division of Public Health	3 Contact person (name)
						2 Division (except in DHHS)

Return n message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification	Notification of Application for Coat Employ		
OSISW Office of State	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 instructions at http://www.osbm.state.nc.us/files/ort files/orans.instructions	-	
1 Department	Department of Health and Human Services		NAMES OF THE PARTY
	Division of Public Health		
δ	Linda Rascoe		
5 E-mail	919-707-5310		
Ţ1	Centers for Disease Control and Prevention		
7 CFDA number	93.283  Developing Support and Educational Awareness for Young (<45) Breat Cancer Survivors in the United States		
9 Grant application deadline (MM/DD/YY)	06/30/11		
က္	09/28/11		
11 End date of grant (MM/DD/YY)	09/27/12		
12 Application type	New		
gp 7	No 14430		
15 Fund code (XXXX or NA)	N/A		
17 If yes, what is the matching requirement?	No		
18 If yes, what is the source of state funds being used to match grant funds.			
20 If yes, what is the MOE?	No		
21 Is an additional General Fund appropriation required to meet the state match requirement?	No		
22 Will any of these funds be passed through to local governments or non-state entities?	Yes		
23 If yes, identify affected entities by type	private non-profit AND other state agency		
₽ ≤	No		
26 Are new FTEs funded through the grant?	Yes		
	For 2010-11		
	SFY 2009-10 SFY 2010-11 SFY 2010-11	SFY 2011-12 SFY 2012-13	
	Actual Authorized Proposed		ed Proposed
Time-Limited	20	2,000	
28 Amount of grants funds <u>applied for</u> in each year			\$57,500.00
30 Purpose of grant or amendment	The purpose of this project is to provide structured support continue to		
	in purpose of this project is to provide structured support services to young women diagnosed with breast cancer and their families and/or caregivers; and develop educational and awareness resources aimed at enhancing patient and provider knowledge of health behaviors and the strategies for reducing the risk of recurrences, development of new malignancies, chronic disease onset, and improving overall health and quality of life of young (<45) breast cancer survivors.	nosed with breast cancer and their families and/or care of health behaviors and the strategies for reducing the of health behaviors and the strategies for reducing the duality of life of young (<45) breast cancer survivors	and/or caregivers, and develop reducing the risk of recurrences, r survivors.
31 Comments	This grant will create 2.0 FTEs for the purpose of supporting grant deliverables. The positions will be 11 Program Coxed that Load 2.0 December 1.	ions will be 11 Program Consultant Land 2) F	
		Standard College	The second of th
eturn completed form as email attachment and indicate in message that pro	eturn completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.	uestions.	electriculum assespaninis elekummen erinete elekum en en entretakkalungun en en elekulatakalungun papa para el

## Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

		Ource of Orace D
Department of Health and Human Services	instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	Office of State budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807.

bid in apprecial in announcement measure	Return completed form as email attachment and indicate in monoco.	31 Comments		30 Purpose of grant or amendment	29 Amount of grants funds applied to meach year		27 If yes, give the number by type for each year: Permanent			20 Are new in Estudioed through the grant?	25 If yes, is this a requirement of the grant?	ğ	5	23 If yes, identify affected entities by type	22 Will any of these funds be passed through to local govern- ments or non-state entities?	the state match requirement?	21 Is an additional General Fund appropriation required to meet	19 is viere a maintenance of effort (MOE) requirement?  20 If yes, what is the MOE?	to match grant funds.	18 If yes, what is the source of state funds being used	i yes, what is the matching requirement?	ï	15 Fund code (XXXX or NA)	φ	13 Is this grant already in agency's continuation budget?	12 Application type		9 Grant application deadline (MM/DD/YY)		7 CFDA number.		6 Funding Entity (grantor)		ဂ္ဂ		2 Division (except in DHHS)	Department
The state of the s	grant plannes to add the following 2 new positions: Public Health Program Consultant II,	The grant was offered in 5 components and funded for a 5 year cycle. IVP received approved of all 5 components.	injury and violence prevention programs and proivdes funding to a core function of the Division of Public Health. This is the primary federal funding to injury and violence prevention programs and proivdes funding to a core function of the Division of Public Health. The funding enables the Division of Public Health to address the leading cause of death for the 1-60 year old population, 87% of the North Carolina population.	The grant provides one cannot be state 4	\$875,000.00	) d	Authorized Proposed	-10	4	ΎθS		NO	Mo		No		No	No				No	1176	14430	No	0//3/1/12 New	08/07/11	02/08/11	Core Viiolence and Injury Prevention Program	93.136	Prevention and Control  Prevention and Control	alan.dellapenna@dhhs.nc.gov	919-707-5441	Alan J. Dellapenna, Jr.	Division of Public Health	Department of Health and Human Services	The transfer of the second sec
e questions.	II, Public Health Epidemiloogist I	Your of all 5 persons and	n Branch of the Division of Public Health. This is the primary federal funding for state Division of Public Health. The funding enables the Division of Public Health to Parolina population.	\$392,404.00		2,000	Proposed Proposed	SFY 2011-12 SFY 2012-13										**************************************								1 1						<b></b>	<b></b>				
	components (BIC, SQI & RNL). The		s is the primary federal funding for state s the Division of Public Health to	\$35,674.00	\$72,917.00			12-13 SFY 2013-14			· vicini de la constanta de la																										

## Notification of Application for Grant Funds/Awards, 2010-11

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSRM hudget enables if you	31 Comments	30 Furpose of grant or amendment	29 Amount of grants funds <u>awarded</u> in each year	26 Amount of grants funds applied for in each year	Time-Limited	27 If yes, give the number by type for each year: Permanent			TO THE INTEREST OF THE PROPERTY OF THE PROPERT	26 Are new ETEs funded through the pro-year	Þ	5	23 If yes, identify affected entities by type	ments or non-state entities?	the state match requirement?	21 Is an additional General Fund appropriation required to meet	20 If yes, what is the MOE?	to match grant funds.	18 If yes, what is the source of state funds being used	in you make me makemily requirement?	17 If was what is the matching requirement?	16 is there a state matching	σ	13 Is this grant already in agency's continuation budget?	12 Application type	11 End date of grant (MM/DD/YY)		9 Grant application deadline (MM/DD/VV)	o Grant line			6 Funding Entity (grantor)		S		2 Division (except in DHHS)		Office of State
er agency sign-offs have be	The grant was offered in 5 o	The grant provides core cap injury and violence prevention address the leading cause cannot be seen to the control of the cause cannot be seen the cause of the c			ed .	Cona	SFY 2009-10		Yes			No		No		No	No				No	1176	14430	No	New	07/31/12	08/01/11	O DO	North Carolina Base Integ	93.136	Prevention and Control	alan.dellapenna@dhhs.nc.gov	919-707-5441	Alan J. Dellapenna, Jr.	Division of Public Health		Department of Health and Human Services	Sudget and Management, 11t
en obtained. Contact vour OS	omponents and funded for a coming 2 new positions. Public	acity building funding for the I on programs and proivdes fun if death for the 1-60 year old p				Authorized	SFY 2010-11		1 Ear 20																				North Carolina Base Integration Compenent Application		Prevention and Control	is.nc.gov					Department of Health and Human Services	West Jones Street, Raleigh,
BM budget analyst if you have	The grant was offered in 5 components and funded for a 5 year cycle. IVP received approval of all 5 components and awarded for 3 components (BIC, SQI & RNL). The grant plannes to add the following 2 new positions: Public Health Program Consultant II, Public Health Epidemiloogist I	The grant provides core capacity building funding for the Injury and Violence Prevention Branch of the Division of Public Health. This is the primary federal funding for state injury and violence prevention programs and provides funding to a core function of the Division of Public Health. The funding enables the Division of Public Health to address the leading cause of death for the 1-60 year old population. 87% of the North Carolina population.	\$428,078.00	\$875,000.00		Proposed	SFY 2010-11	er Authorized or Proposed																					ion		National Center for Injury						grants_instr.pdf	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
O Getions	oval of all 5 components and Public Health Epidemiloogist	Branch of the Division of Publivision of Public Health. The arolina population.	\$392,404.00	\$802,083.33	2.000	Proposed	SFY 2011-12																								×							ŏ
	awarded for 3 components (F	ic Health. This is the primary funding enables the Division	\$35.674.00	\$72.917.00		Proposed	SFY 2012-13																															
	BIC, SQ1 & RNL). The	y federal funding for state of Public Health to		THE REAL PROPERTY AND THE PROPERTY OF THE PROP		Proposed	SFY 2013-14																															

## Notification of Application for Grant Funds/Awards, 2010-11

1. Sec. 10.	31 Comments		27 If yes, give the number by type for each year. Permanent	22 will arry or triese funds be passed through to local governments or non-state entities?  23 If yes, identify affected entities by type  24 Will additional state monies be required to continue the program if grant expires or is reduced?  25 If yes, is this a requirement of the grant?  26 Are new FTEs funded through the grant?	18 If yes, what is the source of state funds being used to match grant funds	9 Grant application deadline (MM/DD/YY)  10 Start date of grant (MM/DD/YY)  11 End date of grant (MM/DD/YY)  12 Application type  13 Is this grant already in agency's continuation budget?  14 Budget code the grant will be expended in (XXXXX).  15 Fund code (XXXX or NA)  16 Is there a state matching requirement?  17 If yes, what is the matching requirement?	DHHS only, choose division from drop down list.  Contact person (name)  Phone number  E-mail  Funding Entity (grantor)  CFDA number  8 Grant title	
Instruction and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions	We did not apply for this grant. It was awarded as a means to assist Community Care networks with the quality improvement activities they have undertaken. This continues for an additional one to three months a process that was previously funded through a Health and Wellness Trust Fund Commission grant that ends June 30, 2011.	\$121,250.00 \$121,250.00 \$121,250.00  Grant funding to Community Care NC networks for the purpose of physician quality improvement activities including physician quality improvement work through the NC AHEC system and support of practices to facilitate their participation in the quality improvement program.	SFY 2009-10  SFY 2010-11  SFY 2010-11  Actual  Authorized  SFY 2010-11  Authorized  Proposed	Yes local govt AND private non-profit No	No No	06/01/11 08/31/11 New No 14410	Division of Central Management and Support John Price 919-733-2040 john.price@dhhs.nc.gov NC Health Quality Alliance (NCHQA)  Physician Quality Improvement Funds	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf Department of Health and Human Services
	eath and Wellness Trust Fund Commissi	rovement activities including physician quivement program.	SFY 2011-12 SFY Proposed Pro					00.
	tivities they have undertaken. This continues ion grant that ends June 30, 2011.	aality improvement work through the NC	SFY 2012-13 SFY 2013-14 Proposed Proposed					

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 30 Purpose of grant or amendment ... 28 Amount of grants funds <u>applied for</u> in each year..... 29 Amount of grants funds <u>awarded</u> in each year..... 24 Will additional state monies be required to continue the 23 31 Comments 27 25 26 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE? <u>~</u> 16 Is there a state matching requirement?...17 If yes, what is the matching requireme 5 14 Budget code the grant will be expended in (XXXXX)..... 13 Is this grant already in agency's continuation budget? 12 Application type $\vec{\phantom{a}}$ 6 Funding Entity (grantor) Division (except in DHHS). 8 Grant title ... 3 Contact person (name) ... 1 Department Are new FTEs funded through the grant?.... program if grant expires or is reduced? ... ments or non-state entities? the state match requirement? CFDA number.... If yes, is this a requirement of the grant? ...... If yes, identify affected entities by type ... If yes, give the number by type for each year: Permanent If yes, what is the matching requirement?..... If yes, what is the source of state funds being used Fund code (XXXX or NA) ..... End date of grant (MM/DD/YY) ..... E-mail : Phone number ... DHHS only, choose division from drop down list...... OSBN to match grant funds. Notification of Application for Grant Funds/Awards, 2011-12 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf Time-Limited The NC Central Cancer Registry collects information on all cancers diagnosed in the state of North Carolina. The CCR performs casefinding, quality assurance, and statistical analysis to support cancer control and research activities in the state. This grant is to enhance and expand infrastructure to track the epidemiology of pediatric cancer into a comprehensive nationwide registry of actual occurrances of pediatric cancer. The funding will be for 9 months in SFY 2011-12; 12 months for SFY 2012-13 and 2013-14 and 3 months funding for SFY 2014-15. Ö N/A 1171 Department of Health and Human Services 14430 08/31/14 09/29/11 Adult Cancer Cases Enhancing Cancer Registries for Early Case Capture of Pediatric and Young Registries Karen Knight 919-715-4556 Division of Public Health enters for Disease Control and Prevention (CDC), National Program of Cancer @dhhs.nc.gov 7/29/11 SFY 2010-11 Actual SFY 2011-12 Complete either Authorized or Proposed Authorized For 2011-12 SFY 2011-12 Proposed \$196,060.00 SFY 2012-13 Proposed \$65,353.00 SFY 2013-14 Proposed SFY 2014-15 Proposed

### Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 28 Amount of grants funds <u>applied for</u> in each year ... 29 Amount of grants funds <u>awarded</u> in each year .... 30 Purpose of grant or amendment ..... 31 Comments 27 24 Will additional state monies be required to continue the 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 Is there a maintenance of effort (MOE) requirement? ..... 20 If yes, what is the MOE? ..... 16 Is there a state matching requirement? ....17 If yes, what is the matching requirement 8 ऊ 7 CFDA number. 8 Grant title ..... 6 Funding Entity (grantor) .... 3 Contact person (name) ..... program if grant expires or is reduced? CFDA number..... ments or non-state entities? the state match requirement? If yes, identify affected entities by type. If yes, give the number by type for each year: Permanent If yes, what is the source of state funds being used If yes, what is the matching requirement? ... If yes, what is the MOE? ... Fund code (XXXX or NA) ... End date of grant (MM/DD/YY) Phone number ..... DHHS only, choose division from drop down list...... MBSO to match grant funds. ... Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700, Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf Time-Limited DAAs, in pathership with the NC Respite Care Coalition and key stakeholders, will expand the scope of our current project to provide respite services to individuals with unmet needs and increase the impact of activities currently underway in the existing Lifespan Respite Care grant. There is a 25% non-federal matching requirement which will be met through in-kind salary and fringe benefit costs through Easter Seals UPC NC and VA and through direct respite care service providers. o Lifespan Respite Care program Competing Program Expansion 93.072 private non-profit Yes gary.cyrus@dhhs.nc.gov USDHHS, Administration on Aging 08/31/11 09/01/11 06/15/11 Gary Cyrus Department of Health and Human Services Division of Aging and Adult Services 733-8390 SFY 2009-10 SFY 2010-11 Authorized Complete either Authorized or Proposed For 2010-11 SFY 2010-11 Proposed SFY 2011-12 Proposed \$126,000.00 SFY 2012-13 Proposed \$24,000.00 SFY 2013-14 Proposed